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**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: *(check one applicable item below)*

- ☒ original  
☐ design  
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR  
DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts,  
including the ownership of all the claims at the time the last claimed invention was made,  
should be submitted.

My residence, post office address and citizenship are as stated below next to my name,  
I believe I am the original, first and sole inventor *(if only one name is listed below)* or an  
original, first and joint inventor *(if plural names are listed below)* of the subject matter  
which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

ELECTRON-BEAM CURED HEAT-TRANSFER LABEL

### SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), (b) or (c))*

(a) **XX** is attached hereto.

(b) was filed on \_\_\_\_\_ as ☐ Serial No. \_\_\_\_\_ or ☐ Express Mail No.,  
as Serial No. not yet known \_\_\_\_\_ and was amended on \_\_\_\_\_ *(if applicable)*.

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.

(c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ *(if any)*.

### ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, and

☐ in compliance with this duty there is attached an information disclosure statement in accordance with 37 C.F.R. §1.98.

### PRIORITY CLAIM (35 U.S.C. §119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.  
*(complete (d) or (e))*

(d) **xx** no such applications have been filed.

(e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(35 U.S.C. §119(e))**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

**Philip M. Weiss - Reg. No. 34,751**

**SEND CORRESPONDENCE TO:**

WEISS & WEISS  
310 Old Country Road, Suite 201  
Garden City, NY 11530

**DIRECT TELEPHONE CALLS TO:**  
*(Name and telephone number)*

Philip M. Weiss  
(516) 739-1500

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor**

Wallace J. Maynard

Inventor's signature  Date 11/11/03

Country of Citizenship US Residence Wrightstown, WI

Post Office Address 1041 Crestview Drive, Wrightstown, WI 54180

Full name of **second joint inventor**, if any

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of **third joint inventor**, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of **fourth joint inventor**, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING  
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

- ☐ Signature for subsequent joint inventors.  
Number of pages added \_\_\_\_.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  
Number of pages added \_\_\_\_.
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47.  
Number of pages added \_\_\_\_.

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- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.  
Number of pages added \_\_\_\_.

\*\*\*

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

\*\*\*

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

**XX** This declaration ends with this page.

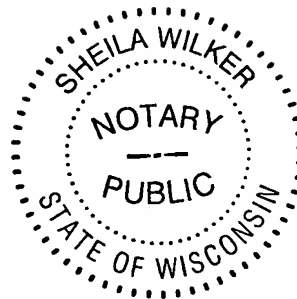
If ASSIGNOR is a legal entity complete the following information

\_\_\_\_\_  
Type or print the name of the above person  
authorized to sign on behalf of ASSIGNOR

\_\_\_\_\_  
Title

NOTE: No witnessing, notarization or legalization is necessary. If the assignment is notarized or legalized then it will only be prima facie evidence of execution 35 USC 261. Use next page if notarization is desired.

☒ [X] Notarization or Legalization Page Added.



State of WISCONSIN )  
 ) ss  
County of BROWN )

Before me this 11 day of November ~~October~~ 2003,

personally appeared Wallace J. Maynard to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

Sheila Wilker - Expires 2/11/07  
Notary Public

AFFIX SEAL

State of )  
 ) ss  
County of )

Before me this \_\_\_ day of \_\_\_\_\_,

personally appeared \_\_\_\_\_ to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

\_\_\_\_\_  
Notary Public

AFFIX SEAL

State of )  
 ) ss  
County of )

Before me this \_\_\_ day of \_\_\_\_\_,

personally appeared \_\_\_\_\_ to me personally known to be the person described in and who executed the above instrument, and acknowledged to me that he/she executed the same of his own free will for the purposes therein set forth.

\_\_\_\_\_  
Notary Public

AFFIX SEAL